

Invoice Receipt

Business Name: _____

Address: _____

Phone: _____ Email: _____

Invoice # _____	Date: _____
Bill To:	

Description of Service/Product	Quantity	Unit Price	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Subtotal			\$ _____
Tax			\$ _____
Total			\$ _____

Payment Method: ☐Cash ☐Check ☐Credit Card ☐Other

Amount Paid: \$ _____

Balance Due: \$ _____

Authorized Signature: _____

Date: _____

Thank you for your business!